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A preliminary investigation for the construction of a scale to measure empathy as related to communication competence

Elizabeth Strangio Harris
San Jose State University

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Harris, Elizabeth Strangio, M.A.

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U·M·I
300 N. Zeeb Rd.
Ann Arbor, MI 48106

A Preliminary Investigation for the Construction of a Scale to Measure Empathy as Related to Communication Competence

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APPROVED FOR THE DEPARTMENT OF COMMUNICATION STUDIES

Dr. Shawn Spano

Dr. Wen Shu Lee

Dr. Ted Balgooyen

APPROVED FOR THE UNIVERSITY

Serena I. Stanford

ABSTRACT

A Preliminary Investigation for the
Construction of a Scale to Measure Empathy
as Related to Communication Competence

By Elizabeth Strangio Harris

Previous research concerned with empathy has focused primarily on child or adult behavior. This study takes a developmental approach in the construction of a scale to measure empathy as related to communication competence in early adolescence. Three dimensions of empathy were found through factor and item analyses. They were identified as attention, sympathy and role-taking. Results of multiple regresion and analysis of variance produced a number of significant findings. Specifically, gender accounted for differences in all three factors, grade level produced differences with attention and sympathy, and age was significant only with the attention factor. Results are discussed in terms of the cognitive and social issues which influence the development of empathy in adolescence.

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CHAPTER I

THE PROBLEM

Introduction

Is empathy a construct to which we all ascribe: putting ourselves in the frame of reference of another to feel emotions, to intersubjectively comprehend the perceived thoughts and feelings of another, and to voluntarily try and understand their causes? This altruistic use of empathy is associated with "prosocial" behavior that differentiates it from sympathy. Sympathy occurs when we feel our own suffering from the perceived causes of another, where as in empathy we attend to the feelings and perceptions of the other. Empathy has been defined affectively as feeling together with another and cognitively as understanding the other. Its almost impossible to separate the affective and cognitive sides of empathy, because it includes both.

For centuries, writers and authors have tried to evoke compassion and empathy from audiences with the language they have used, a twist of a phrase, a sad or happy plot. Orators have striven to move the listener with messages to stir emotion and thus sway an audience to their cause, strong words for action and soft words for sympathy. The concept of empathy has been around as long as mankind, yet the label for it was not introduced into the English language until early in this century.

According to Stotland, et al. (1978), Edward Titchener is credited for the introduction of the word empathy into English from his translation of the works by Lipps, from the German word einfuhlung, (a " being with" through feeling). Titchener in 1909, outlined Theodor Lipps' work as an "envisioned state of aesthetic empathy in which the perceiver loses self-awareness as his identity becomes used with the object he is observing" (Boring, 1957 as cited in Stotland et al., 1978). There were other

that related to empathy, but it was not until the 1960's that systematic studies in communication research began in the laboratory. We are still defining empathy, learning more about its development and the cognitive processes that influence it.

There are individual differences in the amount of empathy exhibited and perceived in people. Empathy is associated with prosocial, altruistic behavior, but empathy can take the form of anti-social behavior as well (i.e. sadism). The definitions of empathy vary, but there is some consensus. Bleda (1976) states empathic arousal is:

> initially evoked by another's experience of need rather than by one's own. Second, the primary aim of the observer's ensuing actions is to relieve the other's suffering or to induce joy. Lastly, any consequent sense of gratification for the actor is derived only from the motivations rest on whether the primary focus of concern with respect to the source of emotional arousal, the intent of the ensuing actions, and the basis for the observer's gratification involves another person's experience or one's own (p.24).

"Empathy can not be seen," states Hackney (1978), "What is seen invariably occurs as a follow-up to the empathic moment and may be either a reflection of that moment or the anticipation of the next moment" (p.38). It is precisely this predictive and anticipatory quality that empathy gives us. With empathy we can exhibit competent behaviors as communicators. Empathic skills involve the ability to adapt our roles to situations, guess with some predictability at the appropriate responses to unknown situations, and create previously unknown situations with a high degree of effectiveness. We do this affectively with a "gut feeling," and cognitively by understanding the perception of the other.

The Role of Empathy in the Overall Persuasion Process

We still look at the demographics of an audience, either as a child to parent or as the adult in a formalized or business situation, for the important information of how to relay our messages and how to interpret feedback. Our discipline has encouraged the use of empathic skills Aristotle delineated in his writings. Although his audience was basically homogeneous, being male Athenian citizens, he still cautioned the speaker to take into account their age or wealth, even to explore their emotions or traits. Empathy, with its anticipatory or predictive quality, was required to know an audience. How else was a speaker to use Ethos, Pathos and Logos? We still want to know our audience and we send our messages differently for situations and receivers.

Worringer (1963), expounding on Lipps' work, associated empathy with aesthetics, " A being with as one," to feel the line or form of art and architecture so to appreciate it. This is not very different from "pieasing to the eye"or "it feels right." Empathy involves internal observation of the external world. Why do we choose our music, favorite colors or friends? What social processes and stages do we go through as children to become competent communicators as adults? It would seem possible that our very words, culturally defined with all the connotations and nonverbal nuances, socialize us into the appropriate line and face saving behavior that goes with it. Empathy allows us to accept the perceptions of others verbally and nonverbally and to adapt to different situations. It is the predictive and anticipatory quality of empathy, acquired through socialization, that enables the individual a minimum of error in communication. Empathic behavior is often rewarded in children and encouraged as adults. Even the media offers a selection of empathy building techniques from vicarious role-taking on the daily soaps to "being there" and experiencing the excitement, good or bad, of the news. Empathy is crucial for building a shared reality.

Patterning, assumptions, attributions and inferences are all a part of empathic behavior. Empathy allows us to "guess," with a good deal of accuracy, at unknown situations and encounters that enlarge our frame of reference for future use. Even conventions socially agreed upon would not be possible without empathy. The human must have empathy to function at the interpersonal and the public level, from the organization and logical patterns of a formal speech that enable the audience to follow, to the simple turn-taking behaviors that occur in a conversation. Degrees of empathy are present in effective and appropriate communication. As Fisher (1987) states, "rhetorical experience is most fundamentally a symbolic transaction in and about social reality" (p.17).

Empathy encompasses all of our social behaviors, verbal and nonverbal. It is given little attention in the undergraduate texts as an important element of interpersonal and competent communication. Studies in empathy include empathic listening (Arnett & Nakagawa, 1983; Stewart, 1983), understanding (Basch, 1983) and affective as well as cognitive perceptions (Davis, Hull, Young & Warren, 1987). This research is concerned with empathy in communication competence and its development in the early adolescent.

The Purpose of this Study

The purpose of this study is to see how empathy develops with communication competence in adolescence. The problems inherent in this study are with the scales and indexes used to measure the level of empathy as related to communication competence during the ages 10 to 13 years old. Most scales used to measure empathy have been administered to adult populations and only recently have there been tests that apply to the developing empathy of young children. There has been little emphasis on the

adolescent years, which in themselves are subject to interpretation as the transition from puberty into adulthood, and specifically in early adolescence with its approaching turmoil. There had been a biased belief that the adolescent years were of little importance compared to the "key developmental phenomena" stages of infancy and childhood as late as the early 1970's (Lerner, 1981). The onset of early adolescence is accompanied by physical, psychological and social changes. The entrance into adolescence happens over a span of years and is a unique stage of development marked by ongoing changes from puberty to maturation. Lerner (1981) states that:

> Adolescence is a time when multiple transitions occur in the inner-biological, individual-psychological, physical-environmental, and sociocultural contexts. Thus, it is a particularly appropriate time to study the relation between a changing person and his or her changing world. Successful adaptation always involves appopriate coordination between our changing selves and our changing contexts. But it is in adolescence, and particularly early adolescence, that such adaptional stresses may be most critical, due to their simultaneity and multidimensionality (p.12).

It is at this stage of development that there is a paucity of specific instruments for the measurement of empathy.

Empathy in Communication Competence

The idea of communication competence started with Chomsky's (1965) theory of linguistic competence. The innate knowledge of the language structure for the generation of grammar stopped with syntax for Chomsky, who was concerned primarily with the structure and not the performance of language. The interrelationship of performance and the effect of language dwells within the area of communication competence. It has been said (McCrosky, 1982) that Aristotle's definition of rhetoric as "the faculty of

observing in any given case the available means of persuasion" (p.24) is the first definition of communication competence. Dell Hymes (1971, 1972) has been recognized as the originator of the view of communication competence that we use in the communication discipline today. His redefinition of Chomsky's linguistic competence into communication competence "as the native speaker's ability to interpret and produce language appropriate to a situation" (Diez, 1984) still has an Aristotelian ring to it. The construct of competence as " the ability to control the responses of others" (Weinstein, 1969) or the effect of communication on the behavior of others is " the ability of an interactant to chose among available communicative behaviors in order that he might successfully accomplish his own interpersonal goals during an encounter while maintaining the face and line of his fellow interactants within the constraints of the situation" (Wiemann, 1977, p.198) is generally held. Central to the theory of communication competence, empathy is needed to control and shape our responses to and from others. In definitions of communication competence, empathy is an essential requisite. Wiemann and Backland (1980) define the components of communication competence as being behavioral flexibility, interaction management and empathy. "Communicators should know, for example, that empathy is important for satisfactory social functioning; in addition, they must know how to manifest their empathic feelings so that others will perceive that they are empathic" (p. 195). Their review of research indicates communication competence in the classroom, as well as everyday life, could be facilitated by the students learning, "to be empathic, to adapt one's behavior from situation to situation, and to manage a conversation in a mutually satisfying manner" (p. 197). This is especially important in our interpersonal communication.

The ability to predict, describe and explain the actions and behavior of another is influenced by the degree of empathy that we have. This in turn affects the attribution and inferencing process that we use as a foundation to reference the world around us. The amount or level of empathy approaching accuracy should be influenced by our

perceptions, attention, social interest and concept of self and other. This correlates with Weinstein's (1969) work on socialization for empathy as intelligence (to include the use of higher forms of symbolization), and cue sensitivity that focus and discriminate "subtle differences in meaning between individuals and the same individual in differing situations" (p. 759).

Socialization into accurate empathy involves several stages. Like building blocks each using the other for support, attention is the foundation. Attention to verbal and nonverbal cues begins in infancy. Without attention perception of any given event would not be possible, we simply would not be aware of it. Perception includes attention and a frame of reference which is enlarged with each encounter. As perception develops a concept of self emerges, with an ability to protect one's own face. Building on the previous blocks, a concept of other includes the differentiation of self and other and the ability to save other's face. The last building block is that of social interest. This is a conceptual instead of immediate sensitivity to the communication events and requires a combination of attention, perception, concept of self and other before it can be achieved. With these elements in place accurate empathy is made possible.

Our empathic level influences our speech as well as our listening ability, it affects our behavior and our way of dealing with the world, our perceptions, and always our communication with others. It has been suggested that the components of communication competence are expressed in, and dependent on, the dimensions of empathy (Redmond, 1985).

Just what are some of these competent behaviors that are associated with empathy? Adams, Schavanevldt and Jenson (1979) maintain that social competency is described as interpersonal competency and the communication skills of encoding, decoding and empathy are needed. Avery and Rider (1981) chose empathy and self-disclosure because "... of their widespread acceptence as important components for the development and maintenance of satisfying interpersonal relationships" (pp. 290-91). Berryman-

Fink and Pederson (1981) contend that empathy, descriptiveness, owning thoughts and feelings, and self-disclosure are all needed for appropriate interpersonal competence. Broome (1985) states that the role of empathy in the communication process is that of decentering, role-taking and non-evaluative communication. Duran (1983) defines communication competence as communication adaptability. It is then clear that empathy plays a part in what is considered competent communication behavior.

What aspects of empathy are necessary for competence? Gilliam and McGinley (1983) posit "Empathetic behavior involves, prior to the ability to communicate sensitivity to another's feelings, an engagement in vicarious sympathetic understanding of the other. Accurate awareness of another's feelings is likely to be influenced by nonverbal and metaverbal cues" (p. 517). Daly, Vangelisti and Daughton (1987) correlated self-monitoring, private self-consciousness, preceptiveness, self-esteem assertivness, social skills and empathy with conversational sensitivity.

Cegala (1981) didn't use the label empathy in his work. Instead he defined communication competence as several cognitive and behavioral dimensions which he examined as perceptiveness and attention. He defines these as "interaction involvment," stating their fundamental importance is in the cognitive dimension of communication competence. Cegala (1981) contends:

> This responsibility is defined in the terms of two points of view which the competent social actor assumes simultaneously. One point of view is a defensive orientation toward saving his or her own face and the other is a protective orientation toward saving the other's face. A social actor cannot do effective face-work unless both of these are assumed (p. 111).

He found that there are degrees of perceptiveness and attention that contributed to one's interaction involvement. The individual who is highly involved with respect to attention and perception is more competent and vice versa. He asserts that there are implications for the educational field to assess basic competency in communication skills

with the interaction involvement scale. This could be useful in the assessment of empathy levels as well. The dimensions of perceptiveness and attention are important to empathic behaviors; "interaction involvement" would not be possible without some degree of empathy.

A Review of Literature on the Development of Empathy

Studies in communication competence now include situational, interactional, functional and developmental aspects of communication competence. Situational approaches integrate the setting, type of interaction and the role and status relationship between participants. They have a built-in sense, goal or purpose and are typified in a situation. Interactional approaches focus on the ongoing negotiation beween participant identity, task definition and role adaptation. This ongoing communication monitoring produces role adaptation. Functional approaches investigate the ongoing management of situational and interactional options and constraints (Diez, 1984). The developmental approach focuses on the acquisition of communication competence in children. The developmental approach encompasses all others at one time or another, acquisition is situational, interactional and functional.

Instead of looking only at one aspect or the other for competence, taking a developmental approach is close to the merger of the Structuralist and Functionalist "school" that Wiemann and Bradac (1988) say will benefit the study of communication competence. "Functionalists must realize that communication behaviors are produced on the basis of various cognitive structures, and Structuralists must realize that these structures can be inferred by researchers only on the basis of observed behavioral functioning" (p. 265). This view is similar to that espoused by Vygotsky (1978) in the relationship between thinking and speech. Vygotsky's theory outlines the developmental processes of a child as they relate to the cognitive development acquired through

maturation and socialization. Development is manifested through speech and thought patterns, then exhibited as behavior. This theory is in line with the merging of the two "schools" mentioned by Wiemann and Bradac. For the Structuralist, communication competence depends on the appropriate grammatical structure, for the Functionalist effectiveness of communication denotes competence.

From a Structuralist standpoint, the role of intentionality is inherent in human communication competence. For the Functionalist intentionality is as crucial as other intangibles (i.e. empathy) for explaining the "whys" of communication competence. Structuralists take more of a developmental point of view phylogenically and ontologically, whereas Functionalists have focused primarily on adult behavior. Merging the two would include competence as knowledge (Chomsky, 1965) and competence as performance (Hymes, 1971), enabling one to explore knowledge, maturity levels and performance while in pursuit of explanation and understanding of the development of empathy. A relationship between instruction and development would support the view espoused by Vygotsky (1978): "There exists a dynamic meaningful system that constitutes a 'unity of affective and intellectual processes'. Every idea contains some remnant of the individual's relationship to that aspect of reality which it represents" (p. 50).

In one way or another effectiveness is important for both the Functionalist and the Structuralist. The Structuralist assumes ineffective communicators and communication are rare; the Functionalist assumes that ineffectiveness (therefore noncompetence) is normal, but is overcome through experience and learning. Effectiveness or competence can be viewed in stages and levels. The more experience one has the more learning (mediation) the more effective the communicator and the communication.

A brief review of the development of empathy would include the studies done by Condon (1984) and Hoffman and Radke-Yarrow (1989) which introduces the possibility of emapthy as a biologically determined trait. Suffice to say in this

discussion, that I am interested in the development of empathy after the child is born and not as genetically determined. Katz (1963) summed the debate when he stated: "For the social psychologist empathic ability developes with social experience, while for the biologist it is an archaic mode of communication almost entirely instinctive" (p. 62). Moore (1981) in reiterating Lerner's (1981) remarks states:

> that biological adaptation is social behavior, with organisms selecting and modifying their environments and responding to them. He traced the linkage between social and biological function and pointed out that no form of life as we know it comes into existence independent of other life, and no human lives in total isolation from other humans across the whole life span. Anthropological studies suggest that the relative defenselessness of early humans, coupled with the dangers of living in the open, made group living essential for survival. In an evolutionary sense, acting in concert with the group was more adaptive than isolation; thus, such processes as empathy and attachment facilitated social relatedness and were selected over the course of human evolution (p. 25).

Empathy is socially determined, acquired through experience and a vital element for the survival of the species as well. The socialization processes begin at birth and continue to influence empathic levels of the individual as they mature.

Just as linguistic mastery runs parallel to communication competence (Riccillo, 1982), the development of empathy should also run a similar course. Daly, Vangelisti and Daughton (1987) state: "Empathic skills demand, as a precursor, something akin to conversational sensitivity. Taking the role of another requires attention to what is said and to what is meant in an interaction as well as an understanding of the potentially different interpretations people have of any social act" (p. 169). This develops as the child matures and gains social experience as well as knowledge of the world. In the study of empathy and ego development, Carlozzi, Gaa and Liberman (1983) contend:

> The hierarchical sequence of ego development suggests increasing social sensitivity, maturity, self-other differentiation, and decreasing self-centeredness as one progesses to higher stages. Furthermore, ability to empathize, which consisits of suspending judgement and detecting and responding to the feeling expressed by another, is conceptually related to impulse control and interpersonal relations (p. 113).

Between the age of fourteen months until two years of age children will feel their fingers to see if they are hurt after witnessing the pain of another. By the age of 2 1/2 "toddlers clearly realize that asomeone elses' pain is different from their own and know how to comfort them appropriately" (Radke-Yarrow, 1989, p. 4). "Theoretically, comforting may be viewed as a type of functional communication skill and as a form of prosocial behavior" (Samter & Burleson, 1984, p. 232).

Differences emerge in the degree of empathy by the time the child is three or four years old. It is assumed that the style and amount of adult communication is largely responsible for this variance, particularly that of the maternal infant bond. The imaginary friends a child plays with, such as a doll or the invisible "buddy," the parental guidance for fair play, such as telling the child that an action may result in the hurt feelings of another, all greatly influence the child's development of empathy. Simply reading books to a preschooler may influence the process of development. "Books also encourage the development of empathy...stories about families with different compositions, ethnic and religious backgrounds, and physical abilities offer children a broader view of the world" (Coplon & Worth, 1985, p. 476). Encouragement of the imagination leads to role-playing and the definition of self and other.

Role-playing, in a cognitive approach to empathy, includes predicting another's feelings, thoughts and behaviors as the child perceives them. These egocentric responses are a basis for later empathic behavior, which requires a detatchment of self and not the

projection of the child's own emotions under similar circumstances. Bergman and Wilson (1984) contend:

> The capacity for concern and mature empathy is possible only when self and other have been sufficiently separated for the self to be concerned with the other. This advance coincides with the capacity for higher forms of symbolization. It is through symbolization that issues relating to self-other interactions can be played out and experimented with. Children's play and role-taking is a constant way in which these issues are practiced (p. 73).

The higher the forms of symbolization, the more competent the child should be in his or her communication. Again this coincides with Vygotsky's view of thinking and speech, in which the scientific concepts are employed to view a spontaneous act such as conversations and desired outcomes.

At what stage is this occurring? Developmentally it is beginning at birth and continues into adulthood. Many studies (Campbell, Kagan & Krathwohl, 1971; Greif & Hogan, 1973; Pelias, 1982, and others) have neglected the unpredictable stage of early adolescence. It is for this reason that interest at this particular stage of growth and maturation was chosen for this study.

The Changing Role of the Adolescent

The study of the adolescent in our society has centered around the "storm and stress" (Dusek, 1981) period of the development of the self-concept. Developmentally the psychosocial process of age-related stages in adolescent development, as defined by Erikson (1959, 1968), has given us a readily recognized term "Identity crisis." It is a time of obvious change, as in growth, and the beginnings of cognitive maturation. Keating (1981) addresses cognitive development beginning in early adolscence as

increases in three areas. The first is planning and foresight. "The adolescent is more likely than the child, either spontaneously or with less prompting, to be able to think through the consequences of problems. This may not always appear but does seem to be more evident, at least, beginning in early adolscence" (p. 42). Second is the increased ability to perform abstract reasoning. "In a wide variety of tasks that require fairly complicated logical inferences, using standard test approaches, it is clear that adolescents have a considerable advantage dealing with such problems" (p. 42). The third area involves increases in cognitive awareness. "Adolescents generally encompass far more of the world that's out there then do younger children" (p. 42).

The role of the adolescent in our society is often confusing. "Too old to be childlike, their spontaneity and capacity for play has no outlet. Too young to be considered mature adults, their need to be seen as competent and responsible finds rare opportunities for genuine expression. Identity is not a 'given' in society; it must be carved out" (Duggan, 1978, p. 4). The identity of the individual takes on new meaning at the beginning of adolescence. It is at this time that Simon and Gagnon (1969) state:

> society, as such, first acknowledges the sexual capacity of the individual. His or her training in the postures and the rhetoric of the sexual experience will now accelerate. More importantly, the adolescent will start to view others in his or her immediate environment--in particular, peers, but also some adults--as sexual actors and will find confirmation of this view in the definitions of others toward these actors (p. 741).

The adolescents meteroric transformation from child to young adult requires learning new roles and adapting previously learned roles to the changing individual. Bandura (1969) in his discussion on social patterning and the influence of vicarious modeling indicates that the adolescent is now paying attention to peer interaction as well as the family to see what behaviors will be effective and what will not. The identificatory behaviors of modeling, imitation and role-taking are reinforced through

social interaction. This mediated learning is then internalized (Aronfreed, 1969; Vygotsky, 1962) and used to control and shape future responses and behaviors of the maturing adolescent.

The development of communication competence should coincide with empathy development. The early adolescent is in an unstable period, mainly with respect to the development of the concept of self that he/she will carry into adulthood. Will this affect the levels of empathy, even if they are just mastering the levels of communication competence?

Statement of the Problem

Research has indicated that there is a gap in the developmental studies where the adolescent is concerned. The main problem stems from the lack of revised or appropriate measures of empathy for the early adolescent. There have been numerous studies done with young children (Borke, 1971; Feshbach, 1975; Feshbach & Feshbach, 1969; Iannotti & College, 1975) that show progressive phases of empathy as the child matures and is socialized. There are also studies that include the ubiquitous sample of beginning university students (Stiff, Dillard, Somera, Kim & Sleight, 1988; Davis, 1983) . Very few have tried to determine the empathy level as related to communication competence in the early adolescent group, specifically ten to thirteen year olds.

Some researchers (Chapman, 1971; Feshback, 1975; Stotland, Mathews, Sherman, Hansson & Richardson, 1978) have looked at empathy from an affective definition (i.e. the child feels the emotion of the other). Other researchers (Asby, 1975; Borke, 1971; Carlozzi & Liberman, 1983; Hogan, 1975; Iannotti & College, 1975; Rogers, 1975; Zielinski, 1973) have viewed empathy from the cognitive standpoint (i.e. the child understands the causes of the other's emotional state). Only a few researchers (Berlo, 1960; Davis, 1983; Shantz, 1975) have taken both into consideration. Davis (1983)

used a "multidimensional approach" in a developmental perspective for the measurement of empathy. This could be useful in the construction of a scale designed specifically for early adolescence. In his study, four different aspects of empathy were measured as opposed to the previous unidimesional measures. Viewing empathy as multidimensional may serve to tap the cognitive and affective aspects of the emerging adolescent. "By applying the developmental approach for assessing empathy with persons of various ages, perhaps some similar correlates of empathy will be found. In this fashion, investigators may discover whether a 'level of final attainment' may be reached and if so at what age or ages" (Deutsch & Madle, 1975, p. 283). Applying a multidimensional approach in the construction of a scale to measure empathy may well tap into the affective and cognitive aspects of empathy in relation to communication competence.

Dymond's (1949) scale for the measurement of empathic ability gave rise to a host of research. The original scale had two people interact and then complete a series of scales (see Appendix D). The measure, if effective, would tap into the concept of self and the concept of other. The concept of other would not be generalized but a direct evaluation of the other. This would be difficult to achieve in the target population of early adolescence due to the distortions of self report measures; it would not be feasible.

A measure of emotional empathy developed by Mehrabian and Epstein (1972) includes a 33-item scale designed to measure aspects of emotional empathy. This was intended for use with the adult-college population (see Appendix E). The dimensions of perception and attention, along with social awareness, are tapped in with this measure. The individual must first be aware, second perceive the implications, and third attend to social conventions within this measure.

Truax and Carkhuff (1967) present nine levels of a scale used for the measurement of accurate empathy (see Appendix F). This was designed with the client-therapist in mind but has been adapted to other areas of study (Redmond, 1985). The attainment of the level of accurate empathy would include all of the dimensions included for

measurement (attention, perception, social awareness) and the concept of self and other and would be encompassed by Truax and Carkhuff's assessment.

The Q-Sort method, described by Block (1946), was designed as a personality assessment. It has been revised to fit other constructs (Cegala, 1981, see Appendix G). This measure has been validated with the young adult population. Those dimensions of attention and perception are already labled by Cegala in communication behaviors and could readily adapt themselves to a measure of empathy.

In all of the reviewed scales and measures there was one overwhelming deficiency for the early adolescent--the language used. The vocabulary of these scales is appropriate for the young, college educated adult but does not correspond to the cognitive maturation of the early adolescent. A review of major child development theorists is not necessary if one will concur that maturation does not end between the years of 10 to 13, but is at a beginning. Goldstein and Michaels (1985) indicate that there is a lack of attention given to the development of empathy during adolescence. "However, it is possible that during this period, which has traditionally been seen as a time of self-preoccupation ... the individual may also for the first time become capable of the kind of empathic communication that has been the focus of the adult literature" (p. 46). Specifically, it is the period of transition as the unique homosapiens child enters the dynamic and rapidly changing environment of adolescence that should investigated. The onset of adolescence varies from individual to individual; typically the range will be from 10-13 years of age. The process is beginning and the changes from child to teenager can be seen.

The purpose of this paper is to design and validate a measure of empathy for the early adolescent as related to communication competence.

CHAPTER II

Methods and Results

Study One

Item generation

The reviewed scales and measures were selected for their affective and cognitive components as relating to the five dimensions of empathy. Items were selected for their representation of attention, perception, concept of self, concept of other and social interest. Varied sources were used in the collection of these items. The first list contained questions and statements that dealt with self-monitoring (Snyder, 1980), interaction involvement (Cegala, 1981), affective empathy (Mehrabian & Epstein, 1978), moral conduct and empathy (Hogan, 1969), social insight (Gough, 1967), listening and perception (DeVito, 1990). These were compared against the Truax and Carkuff levels of perceived empathy and rated against Block's Q Sort for generalized statements that would reflect empathy in the desired dimensions. Dymond's (1947) empathy scale was not used, as it would be too cumbersome for the age group sought. From these scales and indexes 57 questions and statements were selected as measures of empathy based on the five (attention, perception, concept of self, concept of other and social interest) dimensions of empathy.

The new list of 57 questions and statements was given to three graduate students and three professors to rate in a semi-Thurstonian manner. While it was not a true test of comparative judgement, it was sufficient to narrow the amount and scope of the items as they relate to empathy. Each list was accompanied by a brief statement of the categories

intended. So that the judges were not biased to any one category, the explanations of the categories included minimal information. This included brief explanations of the categories as relating to empathy; affectively the child feels the emotion of the other, and cognitively the child understands the causes of the emotion of the other. All judges were then asked to rate the questions and statements according to the explanations on the list. Only six categories were asked for instead of the traditional eleven. The categories were defined as: attention to cues, verbal and nonverbal (as an awareness of what is going on); perception, what is meant as well as understanding potentially different situations (the combination of attention and a frame of reference); concept of self, a detatchment of self and not a projection of the child's own emotion under the same circumstances(a protecting of one's own face); concept of other, self and other differentiation (a saving of other's face); social interest, decreasing self centeredness as one progresses to higher stages (a worldliness, a conceptual instead of immediate social sensitivity, capable of cooperative group behavior); and not applicable to any of the above mentioned categories. From the original 57 a total of 35 questions and statements were kept and placed in their rated categories. It was assumed that when a group of observers rated the list it would decrease the prejudices of a single rater on any particular item (Thurstone,1974).

Each question was then converted to a statement and placed on a five-point Likert scale. Words that led to an answer or left no room for an answer were changed or deleted. Each question was proofed for its acceptability on the scale in accordance with Likert's (1932, 1974) criteria for the selection of statements.

The entire scale was scrutinized for face validity several times before it was taken to a teaching professional, who specializes in early adolescent education, for review of language and comprehension, content evaluation and face validity for that age level. Suggestions were given on two crucial items changing "seldom" to "rarely" and double spacing the entire scale. It was believed that this would alleviate potential confusion on the part of the student subject population. The statements were given to two early

adolescent subjects not associated with the target population to test it for ease of understanding directions and content. The measure was also assessed for the amount of time that it would take to complete.

From the reviewed scales, a measurement of empathy, including both affective and cognitive dimensions was constructed specfically for the early adolescent of 10 to 13 years of age. A self-report questionnaire consisting of 35 items used a five-point Likert scale (see Appendix A). These included, and are limited to, the construct of empathy as a multidimensional construct relating to attention, perception, concept of self, concept of other and social interest.

The statements are clear and unambiguously worded. The statements used to force the choices of the reponses were appropriate to the age and grade level. A funnel approach was used. The less conceptually aware dimensions, such as attention and perception, which were thought to be the fundamental building blocks of empathy, were placed first. More specific behaviors, such as the concepts of self, other and social interest were placed second. It was assumed that this approach would show the differences in the early adolescent's empathy level.

Subjects

This measure was administered to part of the 5th through 8th grade population of a local middle school. This was to assess the discriminative power of the scale and help check for validity and reliability. The subjects were given the scale in their classrooms on a regular school day. The administration of the questionnaire was simultaneous for all respondents. Instructions to the teachers for the administration of the questionnaire were clear and concise (see Appendix C). All care was taken to insure confidentiality. A sample of 219 students from the local middle school were given the scale. There

were107 female, 107 male respondents. Five respondents failied to answer the question for gender. There were 16 10-year-olds, 54 11-year-olds, 56 12 year-olds, 54 13-year-olds, 37 14-year-olds and one 15-year-old responding to the first questionnaire, with one individual failing to answer the question of age. The average age of the subject population was 12.2 years. This breaks down to 52 fifth-graders, 51 sixth-graders, 60 seventh-graders and 56 eighth-graders with no one failing to respond to the question of grade level.

Results

All 35 items produced a Chronbach's Alpha of .67. Data were submitted to two statistical analyses. First, factor analysis to determine the dimensional structure of the empathy measure and to serve as an initial test for refining and discriminating between the items. A rotated factor analysis revealed a disappointing 14 factors with an eigenvalue of 1.0 and above for the 35 variables. By using factor analysis, it was hoped that the scale would break into clusters of items or dimensions. As a second step in refining the scale, item analysis was used. Keeping those items which correlate and discarding those that do not, this first test was to determine if items are good or bad, and as a check of internal consistency (see Ghiselli, Campbell & Zedeck, 1981). Item analyses is also suggested by Likert (1974) in order to determine the "satisfactoriness of any statement so far as its inclusion in a given attitude scale is concerned" (p. 238). The analyses revealed that 14 items produced a corrected item-total correlation of .2 and over. A re-evaluation of the measure took place. Item 2 was rewritten from "Another's laughter is catching to me" to "When another laughs I do too" and item 10 was changed in wording from "all about" to "alot." Several of the items (7, 9, 18, 20, 23 and 24) were rewritten and/or placed at the end of the refined scale. This was done

when it became apparent that some of the statements which were to be eliminated should have predicted a projective/other orientation. This was a subjective judgment on the part of the researcher. Other items that did not have a high correlation were eliminated from the scale. Most of the items eliminated intuitively did not appear to be measuring empathy levels for the adolescent. A total of seven statements were eliminated from the measure. This resulted in a second refined measure which includes 28 items (See Appendix B).

Study Two

Subjects

The second refined scale was administered to 179 different subjects at the same middle school. The breakdown for age, gender and grade is 2 9-year-olds, 16 10-year-olds, 36 11-year-olds, 36 12-year-olds, 41 13-year-olds, 41 14-year-olds and 7 15-year-olds. There were 50 subjects in the fifth-grade, 26 subjects in the sixth-grade, 47 subjects in the seventh-grade and 56 subjects in the eighth-grade. There were 84 males and 89 females with six subjects failing to answer the gender question. The average age of the respondents is 12.3 years. The same procedures for administration of the measure were followed.

Results

Chronbach's Alpha of .68 was shown for all of the items, including those that were known to have a low item correlation on the first run. When those items were eliminated the alpha rose to .70. Data collected from the second measure were also submitted to factor analysis and item analysis. First, a factor analysis identical to the first study was conducted on all 28 items and revealed eight factors with an eigenvalue over 1.0. Second, an item analysis found five items with a item-correlation of .16 and under to be deleted leaving a total of eight items left from the original scale. The final eight items were used in an item analysis (see Table 1) with variable six having the lowest item-total correlation of .16 and over.

Table 1

Item-Total Statistics

Statement from Appendix	Corrected item-total Correlation	Squared Multiple Correlation	Alpha if Deleted
B			
1	.2402	.1754	.5821
3	.1624	.0443	.6003
5	.2589	.0957	.5754
9	.3498	.1681	.5494
11	.4590	.4878	.5223
12	.3961	.4834	.5376
15	.2806	.1760	.5706
16	.2883	.1646	.5737

Alpha=.59 N=179

This researcher thought there may be another way to approach the data. Item analysis was tried again with age as a factor, once with subjects of 13 and above and once with those subjects of 12 and under. Neither approach generated significant differences from the previous findings. The data was separated into two groups, one seemed to be measuring affective empathy and the second seemed to be measuring empathic communication skill, which is cognitive in nature. Factor analysis and item correlations failed to yield any other difference when these statements were separated.

A final factor analysis on the remaining eight statements revealed three factors (see Table 2). The factors that emerged were that of sympathy, attention and role-taking. It is interesting to note here that each factor had a unique wording that was not intentional on the part of the researcher. The sympathy statements were both "me" statements, which easily accounts for the sympathy factor emerging as it did. They required a form of distance from self and other and they were negative in nature. For example "Seeing people cry upsets me" asks the subject how they are feeling and not to predict the affective state of the other. Both of the statements included negative feelings, such as upset, lonely, unfriendly and sad to the individual being asked. These affective states, while interesting, did not measure the empathy level but rather the sympathy dimension of empathy.

Table 2.

Rotated Factor Solution

Statement	Attention Factor 1	Sympathy Factor 2	Role-Taking Factor 3
1	.14619	.78440*	-.05201
3	.40601*	.06009	.01084
5	.03256	.05326	.69756*
9	-.03256	.41556	.63512*
11	.86390*	.16654	.09343
12	.87735*	-.04834	.16040
15	.04400	.78335*	.13941
16	.26612	-.14428	.70983*
Eigenvalue	2.21600	1.35066	1.11996
Percent of Variance	27.7	16.9	14.0

N=179

A second factor to emerge was that of role-taking. These were social statements and were of a generalized other and not directly related to the other at hand. These displayed socio-cultural norms and a social awareness of group norms but not individual levels of a dimension of empathy. These were almost "safe" answers such as "becoming involved in books or movies is a little silly" to which there are social standards set and no higher cognitive function needed to reply. The other two statements "People make too much of the feelings and sensitivities of animals" and "Lonely people are probably unfriendly" have a social distance to them and refer to a generalized other. The third factor to emerge was that of attention. These statements all began with "I" and all refer to communication behaviors. These statements were inner directed and required a great deal more cognitive awareness because they are of a personal nature. "I think of something else when people are talking to me" is one example of a communication behavior. All of these statements required the individual to assess their own behavior in relation to another. This is definitely a dimension of empathy as related to communication competence.

Further analyses was performed on the three factors of attention, sympathy, and role-taking with regard to age, gender and grade. These last tests were included to find the levels of variance with the factors that emerged.

Table 3

Multiple Regression on Age with Attention
(beta= .30)

Multiple R	.19363
R Square	.03749
Adjusted Square	.03205
Standard Error	2.19453

Analysis of Variance	DF	Sum of Squares	Mean Square
Regression	1	33.20400	33.20400
Residual	177	852.42728	4.81597

F = 6.89456 Signif F= .0094

Multiple regression was used to examine age with the factors. Age was entered as the predictor variable for all three regressions with attention, sympathy and role-taking entered as criterion variables. Age was not a predictor for the factors of role-taking and sympathy. Results were significant (F [1, 177] = 6.89, p = .0094) for attention (See Table 3). This indicates that age is a predictor for attention. Ages ranged from nine to fifteen years for all of the subjects.

An analysis of variance (ANOVA) was preformed to see if there were differences in gender and grade level. Grade level, from fifth through eighth grade, was the independent variable for each ANOVA conducted with the factors as the dependent variable. There were no significant differences for role-taking and grade. Significant differences were found with Attention (F [1, 176] = 5.091, p = .002) and Sympathy (F [1, 176] = 4.840, p = .003). See Table 4.

The Gender variable produced significant differences with all three factors: attention (F [1, 171] = 4.779, p = .03), Sympathy (F [1, 171] = 9.660, p = .002) and Role-taking (F [1, 171] = 7.26, p = .008). See Table 5 .

Table 4.

Cell Means for Attention by Grade

Total Population	5	6	7	8
11.83	10.84	12.00	12.11	12.39
(179)	(50)	(26)	(47)	(56)

Cell Means for Sympathy by Grade

Total Population	5	6	7	8
6.48	5.64	6.65	7.00	6.71
(179)	(50)	(26)	(47)	(56)

Table 5

Cell Means of Factors with Gender

Attention By Gender

Total Population	Male	Female
11.80	11.42	12.16
(173)	(84)	(89)

Sympathy by Gender

Total Population	Male	Female
6.46	6.00	6.90
(173)	(84)	(89)

Role-taking by Gender

Total Population	Male	Female
11.64	11.12	12.13
(173)	(84)	(89)

CHAPTER III

Discussion

Why did the factor analysis only yield moderate success? There has to be a multitude of reasons, beginning with the original concept of the researcher that there are five levels or dimensions to empathy. As far back in the study as the semi-Thurstonian groupings, there seemed to be a discrepency in what was actually being measured. The graduate students and professors alike did not put the statements into the same categories from whence they originally came. For example, the attention and perception items from Cegala's scale did not all find their way into attention and perception categories from the raters. The concept of attention was not proved at a base level.

Another explanation for the results of the factor analysis could be offered by Cronkhite and Liska (1976) in their critique of factor analytic approaches. Although they were concerned with credibility in their critique the questions they ask of research methods and approaches are valid to this study. They state that different methods of factor analysis will yield different results. This study has included both an oblique and an orthogonal method for the rotation of factors. According to Kim and Mueller (1978), factors obtained through oblique rotation "...without imposing the orthogonality condition and resulting terminal factors are in general correlated with each other" (p. 85). Orthogonal factors are by definition not correlated. In an attempt to construct a scale the question still remains whether or not to asume correlation or not in approaches to the data. The research indicates that this question has not been answered.

Selective attention or selective inattention has been examined in past research and it is a valid concept to consider when dealing with the early adolescent. At this age, there is

more than just a "conversation " going on for the subject. It could be a constant negotiation between self and other as to who is getting the attention at the moment. Checking levels of perception and conformity, as well as realigning judgments and status of face and line, are still priorities among the early adolescent.

Sympathy as a precursor to true and accurate empathy is not a surprise as a factor. Before defining other, one must define self. Putting one's self in the place of the other must first and logically begin with the imaginging of self in the predicament which leads directly into the third factor of role-taking. Still, all are bound together and intricately linked to explain empathy. Without awareness and attention of the situation there is no possible way to react. To react either positively or negatively, which is easy with sympathy in a negative situation, the actor must have role-taking ability. When this role-taking is advanced one step futher then empathy is achieved. Does the early adolescent have this ability?

If the theory set forth by Vygotsky holds true, then it is merely a matter of time and experience before the youth attains empathy as we define it in adult literature. The socialization process that is encountered at the onset of early adolescence is at best precarious and in reality a very complex set of circumstances due to the rapid development that enables the individual to assume his/her role in adult society. The shifts in role for the adolescent from son/daughter to friend/peer, romantic interest, student, high status/low status, etc. are socially as well as biologically determined. These role shifts occur rapidly and through trial and error eventually become well defined. In short, the adolescent is in the process of becoming! The transition, although eagerly anticipated, is itself a trial. Empathy would not be a priority but self would. Sympathy should play a major part of the development because it is self directed, not other directed.

Sympathy itself is not as conducive to appropriate communication behavior as empathy. However, role-taking and attention are essential. Learning new roles at the

crux of change can make for some odd behavior. This is typical of early adolescents. One minute they are acting the part of a mature young adult and the very next minute they are in the throes of inapproriate behavior with all the earmarks of childhood. For instance, a twelve-year old may know there is a certain acceptable form to ask for a favor and sensing the logic of the request will not hesitate to use it. However, upon being denied the request, he will revert to tactics more suited to a younger child who has not yet been socialized to accept no for an answer and who does not use face-saving tecniques for a later request. Although the vocabulary may have increased, the actions are not the controlled bevavior we expect from an adult. This is evident with the interactions of the peer group as well. The age of the cruel child is not fully over for the early adolescent. The pressure to conform to the emerging group norms is perceived as great, and lessens as a stronger sense of self develops in later adolescence. In a sense, role-taking and sympathy are of a generalized other only. A group norm exists that ill-feelings are not desirable. Attention then includes the beginnings of a personalized other and not as a generalized other, which is far more difficult and requires higher forms of intellectual ability.

The original dimensions of attention, perception, concept of self, other and social awareness did not fit neatly into the factors found. Several possibilities are offered in expanation. First, the researcher is no longer an adolescent and no amount of reflecting on my part can adequetly capture the state of mind of the early adolescent. When adults try and categorize for those much younger, we do it as adults. " When I was a child, I spake as a child, I understood as a child, I thought as a child: but when I became a man, I put away childish things " (Corinthians I), seems so appropriate for describing my feelings about this. Second, all of the dimensions are accounted for but they overlap with each other and are not deliniated into precise categories. Attention did show significant differences with age, gender and grade and is still thought to be the base of empathy. Sympathy requires the dimensions of attention, perception and a concept of self. These

overlap with each other and what was found to be role-taking. Role-taking requires all of the dimensions and was only found significant with respect to gender. The variable of grade is the most interesting to note because of the socialization process with respect to peers. Sixth-graders act like sixth-graders regardless of the age difference of being 10, 11 or 12 years-old. The school system has been a mediating factor in the socialization process of the early adolescent. The factors all showed significance with respect to gender. Again, many studies have shown the effects of socialization in the attainment of empathy in females.

The scale is not yet a measure of empathy as related to communication competence for the early adolescent. Revision and elaboration on the three factors recognized is needed. Wise and Cramer (1988) found verbal achievement positively associated with empathic traits in the adolescent. This agrees with the findings of this investigation. The factors that emerged all require a degree of language achievement, what is becoming communication competence. The early adolescent is at a stage of discovering and practicing the nuances associated with verbal mastery that is expected from the adult. Coordinating face, line and action for the early adolescent is an ongonig learning process that continues into adulthood. Role-taking, attention and sympathy as dimensions of empathy all play roles in this developement.

Because the adolescent is changing rapidly, longer periods of prior observation would have been useful for this study. The time constraints did not allow careful and systematic ethnography of the communication behaviors of the subjects. Such a study may have provided useful clues and insights that were overlooked in this study. Researchers who choose to examine the early adolescent may want to begin with a qualitative study in the future.

This investigation has provided a starting point for further study. The role of the adolescent in society has undergone changes in the last several decades. The adolescent has been socialized with electronic media in the forms of radio and television and this

may have effects not previously considered in this study. The lack of face-to-face communication and the easy availability of impersonal messages from these mediums may account for the present factors. Role models for effective and competent communication have shifted from the family and peer to the nightly situation comedy. This should be taken into consideration for future reseach.

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Appendix A

Study One Scale

Age _____ Grade _____ Male/Female _____

There are no right or wrong answers to these statements. Please read over the statements and choose one answer that most closley reflects the way that statement applies to you according to the scale below. Place the number of the answer in front of the statement in the ( ) space.

5	4	3	2	1
always	often	sometimes	rarely	never

( ) 1. Seeing people cry upsets me.

( ) 2. When another laughs I do too.

( ) 3. I listen carefully to others during a conversation.

( ) 4. I look at peoples faces to see how they are feeling.

( ) 5. Most foreigners I have met seemed cool and unemotional to me.

( ) 6. Lonely people are probably unfriendly.

( ) 7. It is hard for me to see hoe some things upset people so much.

( ) 8 Little children sometimes cry for no apparent reason.

( ) 9. I can tell almost everything about a person the first time that I meet them.

( ) 10. I can tell all about a person just by the way they act.

( ) 11. I am able to remain calm even though those around me worry.

( ) 12. When a friend starts to talk about his/her problems, I try to steer the conversation to something else.

( ) 13. Becoming involved in books or movies is a little silly.

( ) 14. I become more irritated than sympathetic when I see someone's tears.

( ) 15. I find that I can remain cool in spite if the excitement around me.

5	4	3	2	1
always	often	sometimes	rarely	never

( ) 16. I think of something else when people are talking to me.

( ) 17. I pretend to be listening to someone when in fact I'm thinking about something else.

( ) 18. I act the way I think other people want me to.

( ) 19. I am good at hiding my feelings.

( ) 20. I tell my friend the truth even if it hurts his/her feelings.

( ) 21. I get uncomfortable when people get mushy in front of me.

( ) 22. I get upset by unhappy people who are just sorry for themselves.

( ) 23. I tend to get emotionally involved with a friends problem.

( ) 24. I can tell what mood my friend is in just by looking at him/her.

( ) 25. I wait to see how a person will act in different situations before I make up my mind about them.

( ) 26. I don't always tell the truth if it will hurt someone's feelings.

( ) 27. It makes me sad to see a lonely stranger in a group.

( ) 28. People make too much of the feelings and sensitivity of animals.

( ) 29. I get very angry when I see someone being ill-treated.

( ) 30. I am unable to make decisions without being influenced by people's feelings

( ) 31. I cannot continue to feel O.K. if people around me are upset.

( ) 32. It upsets me to see helpless old people.

( ) 33. I try to put my friend's thoughts into my own words so I can understand them better.

( ) 34. People care too much about the feelings of animals.

( ) 35. I tend to lose control when I am bringing bad news to people.

Appendix B

Study Two Scale

Age _____ Grade _____ Male/Female _____

There are no right or wrong answers to these statements. Please read over the statements and choose one answer that most closley refects the way that statement applies to you according to the scale below. Place the number of the answer in front of the statement in the ( ) space.

5	4	3	2	1
always	often	sometimes	rarely	never

( ) 1. Seeing people cry upsets me.

( ) 2. When another laughs I do too.

( ) 3. I listen carefully to others during a conversation.

( ) 4. I look at peoples faces to see how they are feeling.

( ) 5. Lonely people are probably unfriendly.

( ) 6 Little children sometimes cry for no apparent reason.

( ) 7. I can tell alot about a person just by the way they act.

( ) 8. When a friend starts to talk about his/her problems, I try to steer the conversation to something else.

( ) 9. Becoming involved in books or movies is a little silly.

( ) 10. I become more irritated than sympathetic when I see someone's tears.

( ) 11. I think of something else when people are talking to me.

( ) 12. I pretend to be listening to someone when in fact I'm thinking about something else.

( ) 13. I am good at hiding my feelings.

5	4	3	2	1
always	often	sometimes	rarely	never

( ) 14. I wait to see how a person will act in different situations before I make up my mind about them.

( ) 15. It makes me sad to see a lonely stranger in a group.

( ) 16. People make too much of the feelings and sensitivity of animals.

( ) 17. I get very angry when I see someone being ill-treated.

( ) 18. I cannot continue to feel O.K. if people around me are upset.

( ) 19. It upsets me to see helpless old people.

( ) 20. I try to put my friend's thoughts into my own words so I can understand them better.

( ) 21. People care too much about the feelings of animals.

( ) 22. It is hard for me to see how some things upset people.

( ) 23. I can tell alot about a person the first time that I meet them.

( ) 24. I tell my friend the truth even if it hurts his/her feelings.

( ) 25. I act the way I think other people want me to.

( ) 26. I tend to get emotionally involved with a friends problem.

( ) 27 I can tell what mood my friend is in just by looking at him/her.

( ) 28. I don't always tell the truth if it will hurt someone's feelings.

Appendix C

Directions for Administration

Greetings,

On May 3, 1990 or May 17, 1990 your class will be asked to participate in a test study. This study is being conducted as a partial fulfillment of a Masters Degree at San Jose State University connected with the Communication Studies Department.

The scale will (hopefully) measure the level of empathy as related to communication competence in early adolescence. It is three pages long and will take approximately 8-10 minutes for the student to complete. It is requested that you have them complete the form in homeroom at the beginning of the school day and returned to the office as soon as they are completed. I will be happy to answer any questions you have on the scale, its potential uses and the final data.

The directions for the administration of the scale are as follows:

Your age, your grade level and your gender are required on this form. Please DO NOT put your name on it. There are no right or wrong answers to these statements. After reading the statement put the number that best reflects how the statement applies to you. For example:

( ) Homework is fun to do on vacation.

5	4	3	2	1
always	often	sometimes	rarely	never

Please do not discuss empathy with your students until after the May 17th test date. After that feel free to include any discussions on communication skills and interpersonal behavior that the scale may have sparked. Thank You for your cooperation.

Appendix D

Dymond's Scale

If two individuals A and B are being tested for their empathy with each other, the procedure would be as follows:

A. Part 1. A rates himself, (A).
   2. A rates B as he (A) sees him.
   3. A rates B as he thinks B would rate himself.
   4. A rates himself (A) as he thinks B would rate him.

B. Part 1. B. rates himself, (B).
   2. B rates A as he (B) sees him.
   3. B rates A as he thinks A would rate himself.
   4. B rates himself (B) as he thinks A would rate him.